



## Bereavement Services

We recognize that prenatal loss (miscarriage, stillbirth, neonatal death) is a unique lifelong parenting & bereavement experience. Our main goal is to help families cope with their grief in a positive way and adapt to their new life without their baby. The

375th Medical Group has RTS Bereavement Counselors available to meet the needs of bereaved parents, and their family.

### **RTS was developed:**

- To provide an interdisciplinary hospital/clinic based prenatal , bereavement program to assist families who have experienced the loss of a baby during pregnancy or shortly after birth.
  - To offer educational programs to interested healthcare professionals, ancillary staff and the community on grief, loss and the RTS program.
- To promote community awareness about the needs of bereaved parents.

### **RTS is designed:**

- To help families cope with their grief in a positive way and adapt to their new life without their baby.
  - To make healthcare professionals and others more aware of the needs of families who are grieving the loss of a baby.
  - To meet the needs of bereaved parents and their family during the initial crisis of the loss of their baby.
- To offer and provide comprehensive care to each family who has experienced a loss of a baby.

The below topics are outlined below

Signs and Symptoms of Grief

Suggestions For Dealing With Grief

Responding To Grieving Families

Suggestions for Helping Grieving Families

Tips For Coping With Holidays

Am I Grieving Normally?

Myths/Misunderstanding about Grief

Incongruent Grief

Children and Grief

Grandparents and Grief

Friends Can Be Good Medicine

## **Physical Effects:**

Exhaustion/Fatigue  
Loss/Increased Appetite  
Sleep Problems  
Lack of Strength/Muscle Weakness  
Weight Loss/Gain  
Headaches  
Breathlessness/Shortness of Breath  
Palpitations  
Aching Arms  
Restlessness  
Dry Mouth  
Blurred Vision

## **Emotional, Psychological & Cognitive Effects:**

Denial  
Guilt  
Anger  
Resentment  
Bitterness  
Depression  
Time Confusion  
Irritability  
Sadness  
Sense of Failure  
Concentration on Problems  
Failure to Accept Reality  
Preoccupation with Deceased  
Fluctuating Mood Swings  
Decreased Self-Esteem  
Dreams

## **Social Effects:**

Withdrawal From Normal Activity  
Isolation (Emotion & Physical) From Spouse, Family and/or Friends  
Redefining Roles In Life, i.e. Public & Private

## **Spiritual Effects:**

Questioning Core Beliefs - A Spiritual Crisis  
Searching For The Meaning of the Loss  
May Change Level of Involvement In An Organized Religion  
Anger With God (or Higher Power)  
Longing For A Sense of Connectedness (Community)

## Suggestions for Dealing With Grief

### **Communication:**

Talk about the baby and your feelings with your partner, family, and friends. It may sound trite, but this is an excellent outlet for releasing bottled-up emotions.

Try to resume old and start new relationships as a couple and as individuals.

### **Nutrition:**

Eat a balanced diet that includes milk, meat, vegetables, fruit and whole grains.

Drink 8 glasses of liquids (juice, water, soda) per day. It can be useful to keep a measured jug of water in the refrigerator to assure that you drink enough.

Don't drink caffeine or alcohol because they may cause dehydration, headaches, and/or low back pain.

### **Exercise:**

Do something active every day, such as biking, walking, jogging, aerobics, or stretching. Even a walk around the block can be useful.

### **Tobacco and Alcohol:**

Avoid tobacco because it depletes the body of vitamins, increases acidity of the stomach, decreases circulation, and can cause palpitations.

Don't drink alcoholic beverages because they depress body function and natural emotional expression and contribute to depression.

### **Rest:**

Avoid increased work activity.

Maintain rest patterns even if unable to sleep.

### **Reading:**

Read books, articles, and poems that provide understanding and comfort so you do not feel so alone.

Avoid "scare" literature and technical medical publications.

### **Writing:**

Keep a diary or journal of thoughts, memories, and mementos.

Write letters, notes, and/or poems to or about the baby.

### **Physical Exam:**

Schedule a physical examination about four months after experiencing a loss to assess your physical health as the body may demonstrate responses to grief also.

### **Big Decisions/Changes:**

Don't move or change jobs or relationships. Wait at least 12 months before making these changes.

Avoid new or uncertain trips. Coping mechanisms and reflexes are impaired, making judgments difficult.

Don't put away baby clothes until you are ready.

Don't let others make decisions for you.

### **Help from Others:**

Admit to yourself and family when you need help. This can lessen your pain and loneliness.

Accept help from others. Let others know specific things they can do for you, such as providing food, company, or child care. Accept whatever they offer even if not requested, as long as it is not harmful to your family.

Allow family and friends to share your grief and let them offer their support.

Attend a support group. Couples who have "been there" can give support, help, and hope.

### **Faith:**

Request help or support from your clergy to help renew your faith and hope. Resume past spiritual activities.

## Responding To Grieving Families

### **What You Can Say:**

"I'm sad for you."  
"How are you doing with all of this?"  
"This must be hard for you."  
"What can I do for you?"  
"I'm sorry."  
"I'm here, and I want to listen."

### **What NOT to Say:**

"You're young, you can have others."  
"You have an angel in heaven."  
"This happened for the best."  
"Better for this to happen now, before you knew the baby."  
"There was something wrong with the baby anyway."  
Calling the baby a "fetus" or "it".

### **How You Can Help:**

Listen  
Touch  
Cry with the family.  
Attend the funeral/memorial service.  
Remember them on their baby's due date, birthday, and death day anniversaries.  
Never forget.

### **Remembrances You Can Give the Family:**

Baby Ring  
Planter/Flowers in a Baby Vase  
Original Poem  
Tree or Rose Bush as a Living Memorial  
Donation to a Memorial Fund  
Needlework  
Photographs  
Keepsakes

\*\*Remember, it is never too late for expressing your feelings to a family about the loss of their baby.

### *Do's*

- Do listen more than talk.
- Do allow for silence.
- Do answer their questions and refer them to the most appropriate people.
- Do contact/call them when you say you will.
- Do refer to the baby by name (if they have named the baby) and talk about special features of the baby.
- Do be genuine and caring.
- Do allow them to express their feelings and tell their story without passing judgment.
- Do reach out to bereaved parents and acknowledge their loss.
- Do encourage them to be patient with themselves and not expect too much.
- Do ask about the funeral or memorial service (if there was one).
- Do ask about other family members (siblings, spouses, grandparents).
- Do talk with mothers and fathers and include other significant family members.
- Do ask if they have any special requests of you.
- Do remember them on special occasions or give a call and let them know you were thinking of them.

### *Don'ts*

- Don't dominate conversation.
- Don't ask one question after another without a break.
- Don't use clichés.
- "I know just how you feel."
- "At least you have other children."
- "You can always have other children."
- "You can always have another."
- "At least you didn't really know your baby."
- "This will bring your family closer."
- Don't pass judgment ("You should be feeling better by now.")
- Don't avoid them because you are uncomfortable. (Avoidance adds pain; acknowledgment of their loss is what they need.)
- Don't change the subject when they talk about their dead baby.
- Don't answer a question you don't have the answer to.
- Don't give advice, particularly medical or legal unless you are an MD or a lawyer.
- Don't make comments that suggest they or their baby received inadequate care.
- Don't make comments that they should have received care sooner (they already have doubt and guilt).
- Don't talk only with mothers (include fathers and children).
- Don't personalize comments, but identify emotions (i.e. "It sounds like you're pretty angry.")

Holidays can be a difficult time. Bereaved parents have told us how they got through different holidays and here are some of their suggestions.

### **Remember Your Baby With Each Holiday/Anniversary**

Give a holiday donation to a charitable organization in memory of your baby.  
Decorate the gravesite or memorial site for the holiday and let siblings help.  
Release a balloon, name a star, or light a candle in your baby's memory.  
Plant a tree, bush or perennial plant.  
Share your mementos or memory box with family or a special friend.

### **Take Care of Yourself**

Plan relaxation time, warm baths, watch movies, listen to music or tapes, read books you've always wanted to read.  
Exercise, get plenty of sleep and fluids, eat well.  
Write in a journal or talk with your partner, family or friends about your feelings on the holiday.  
Keep a holiday diary of how the family is doing.

### **Limit Social Gatherings**

Choose the ones you feel give you the holiday spirit.  
Choose not to attend some gatherings or to leave holiday functions early.  
Be aware of your children's needs.

### **Christmas/Hanukah**

Limit decorating to what you and your family feel is important.  
Cards: Send preprinted cards, add a memorial service card, photocopy a letter, or choose not to send cards this year.  
Avoid shopping on weekends, shop by catalog, ask family to help.  
Give gift certificates or money, have the store wrap gifts, or have your children do the wrapping.  
Open presents on a different day or at a different time.  
Place a wreath or decoration at the gravesite or memorial site.  
Have a stocking, ornament, poinsettia, or Christmas cactus in memory of the baby.

### **Mother's Day and Father's Day**

Celebrate with your own parents.  
Purchase a mother's ring or other birthstone jewelry.

### **Change Holiday Traditions**

Sharing The Day Spend the day alone, or with your children only.

Share the day with another grieving family.

Go visit a shut in.

Baking Buy "holiday treats".

Limit the quantity of baking.

Have family members participate in baking or decorating.

Holiday Meals Go out to a restaurant.

Have others share in meal preparation.

Ask someone else to host the meal.

Eat at a different time.

Have a different menu, create a different setting.

Church Services If you attend a church regularly, choose a service at a different day or time, or choose not to go this holiday.

Try attending a new church.



## Am I Grieving Normally

People often ask three questions when going through grief:

"Am I normal?"

"Am I going crazy?"

"Will I ever get over this?"

A better question is whether the grief is healthy. There is, of course, no one right way to grieve. Many of the strangest emotions and thoughts actually are quite normal. But even people who grieve in a healthy manner have times when they are overwhelmed by their grief.

The following checklist may help you figure out how you are doing. As time goes on, people will find they are answering yes to more and more questions. If you are not satisfied with how you are doing, please call our RTS Bereavement counselors for assistance.

- ☐ Am I able to laugh without feeling guilty?
- ☐ Do I pay attention to my personal appearance?
- ☐ Am I feeling pleasure in sexual experiences?
- ☐ Am I able to sit quietly by myself and think of things other than the loss?
- ☐ Do I take an interest in current events and news?
- ☐ Do I feel I can effectively parent my surviving children?
- ☐ Am I able to do the daily tasks I'm used to performing?
- ☐ Do I look forward to outings, trips, special events?
- ☐ Am I involved in activities that I participated in before the loss?
- ☐ Can I talk about the loss without showing strong emotions?
- ☐ Do I feel like the fog has lifted?
- ☐ Do I pay attention to my surroundings?
- ☐ Am I able to get a good nights sleep and awaken feeling rested?
- ☐ Am I able to concentrate on work and conversation?
- ☐ Am I less forgetful and better able to think clearly?
- ☐ Can I recall past events?
- ☐ Do I feel stronger and more able to cope with everyday crisis?
- ☐ Do I feel that there is meaning to my life?
- ☐ Can I look back at what happened and feel that something good came out of the tragedy?

## RTS Perinatal Grief Counselors

The 375 MDG have RTS Perinatal Bereavement Counselors available to help you, or someone you love, cope with the loss of a baby through miscarriage, stillbirth or neonatal death. Below is the list of RTS counselors available to you. Please select the RTS counselor within the clinic you are seen for your primary needs.

### Office Location and Phone #

Internal Medicine Clinic - 256-7303/7542

Aerovac Squadron - 256-5830

Family Advocacy - 256-7203

OB/GYN Clinic - (FNP/RN) 256-7669

OB/GYN Clinic - 256-7669

OB/GYN Clinic - 256-7669

Readiness - 256-6371

Surgical Clinic - 256-7660

Ward 4A/ICU - 256-7381

Health Care Integrator- 256-5994

Life Skills Center - 256-7203

Life Skills Center - 256-7203

Family Practice Clinic SrA - 256-7654

Operating Room - 256-7431

Primary Care Clinic - 256-6276

### **Myths/Misunderstandings About Grief**

All losses are the same  
All bereaved parents grieve in the same way  
Grief declines steadily over time  
When grief is resolved, it never comes up again  
Infant death shouldn't be too difficult to resolve because you didn't know the child that well  
Children need to be protected from grief and death  
Couples who experience the death of a child have a higher incidence of divorce  
It is not important for you to have social support in your grief  
Children grieve like adults  
Parents only feel crazy if they are going crazy.  
The intensity and length of your grief are testimony to your love for the deceased  
Bereaved parents do not have a relationship with the deceased baby after the death

### **Common Fears Regarding The Grief Process:**

Loss of control  
Appearing weak to others  
Tears will never stop  
Unable to bear the loss  
The deceased will be forgotten

## Incongruent Grief

An area in which parents may need guidance is understanding incongruent grief. Grief responses between mothers and fathers may differ. It is important that parents realize and understand that this conflict, or communication breakdown, may occur in the weeks ahead. While Mom may cry a lot and have no energy, Dad may seem to throw himself into work and be away from home, right when she needs him most. Discussion can identify both responses as valid and help parents understand and accept their partner's response to their loss. Increasing awareness of possible conflicts or communication breakdowns allows parents to identify problems early and they can then either talk through their concerns or seek outside help as needed.

| Feminine Style                   | Masculine Style                 |
|----------------------------------|---------------------------------|
| Open expression of grief         | Less expressive; stoic          |
| Sad, depressed                   | Aggressive, angry               |
| Empty feeling                    | Powerless                       |
| Change in social behavior        | Task focused                    |
| Frequent thoughts about the baby | Concern for partner             |
| Need to talk about the baby      | Need for partner to feel better |
| Comforted by hugging/holding     | Need for partner to feel better |
| Self-denigration                 | Lower self-esteem               |

### Examples of Women Responding to the Loss of a Baby

- I wonder if my partner feels badly about our baby. His grief doesn't seem as great as mine.
- 
- I'm pregnant again, but I'm afraid to tell anyone. I can't stand the pain of having to tell them something happened.
- 
- I feel so empty, emptier than I've ever felt before.
- 
- I don't like the body changes I've experienced since I was Pregnant; I feel too fat/too thin; or my body is\_\_\_\_\_.
- 
- I have experienced unpleasant physical symptoms such as aching arm, fast heartbeat, tired, butterflies in my stomach, always nervous, \_\_\_\_\_.
-

- Loneliness and distance – “Nobody understands me anymore. I feel alone sometimes.”
- 
- Nostalgia for “old self” – I sometimes feel like I’ll never feel “normal” again like I used to.
- 
- Will I ever be the same?
- 
- Emotional swings – “My mood can change so fast – one minute I’m up and the next I’m down. I feel like I can’t keep up with it.”
- 
- Increased dependency needs, “I find myself wishing to be protected and taken care of more than before.”
- 
- Pregnancy, “I find myself feeling obsessed with getting pregnant again. It seems like I’d feel so much better if I could look forward to another baby.
- 
- Pregnancy, “I’m so afraid of getting pregnant again – I don’t think I could go through this again.
- 
- I think about the baby all the time – it’s like I can’t get it out of my mind. I wonder if that’s normal.
- 
- I hate having sex. How can we be doing that when our baby has died?
- 
- Since the loss, my husband (partner) and I have sex more often. I wonder if this is normal.
- 
- I don’t feel attractive anymore. I’m worried that my partner will lose interest in me.
- 
- I find myself having scary fantasies about my partner or surviving children being killed in an accident or something.
- 
- My dreams frighten me – they’re so real. I dream about
- \_\_\_\_\_
- 
- By breasts ache to nurse my baby. Sometimes I feel a letdown of milk.
-

- 
- 
- I keep thinking over and over “what did I do to cause this. I must have done something.”
- 
- 
- We didn’t really want to be pregnant. I’m wondering if that’s why our baby died.
- 
- 
- My partner and I seem to talk and talk but never get anything resolved.
- 
- 
- I’m so afraid that I’ll forget the baby.
- 
- 
- I find that I can’t concentrate – I’m forgetful and just can’t seem to keep it all together. Am
- I going crazy?
- 
- 
- My partner and I don’t talk about important issues. We don’t seem to have as much in
- common anymore. We seem distant.
- 
- 
- I know my partner has lots of feelings – why can’t he talk to about them?
- 
- 
- My partner seems to be moving ahead more rapidly than I – he’s all involved in work and
- seems back to normal.
- 
- 
- I’m jealous of pregnant women and women with babies. I see them everywhere.
- 
- 
- Our friend (sister, brother, etc.) had a healthy baby at the same time our baby was due. How
- can I stand watching that child grow up?
- 
- 
- We can never seem to agree about what to do socially – one of us wants to go out and the
- other wants to stay at home.
- 
- 
- I’ve been sick a lot since the baby died. Does that have anything to do with grief?
- 
- 
- I find I want to talk and talk about the loss – more than anything else I need someone to
- listen to me.
-

- I think a lot about what it would be like if I were still pregnant – I’d like to have a day when
- I could pretend I was still pregnant.
- 
- I still look at maternity clothes and plan the baby’s room - is that ok.
- 
- We’re both back at work, but I still seem to be doing most of the work at home. It isn’t fair.
- 
- Sometimes I get angry at the baby for doing this to me.
- 

### Examples of Men Responding to the Loss of a Baby

- I feel like so much weight is on my shoulders – everyone looks to me to be strong.
- 
- I’m Afraid I’ll make my partner feel worse if I show my emotions, so I’ll keep them to myself
- 
- All she does is cry. I’m tired of seeing her sad.
- 
- Decrease in sexual desire: “I feel myself being turned off by my partner.”
- 
- Decrease in sexual activity: “My partner and I don’t have sex as often as we did before the baby died. I’d like to have sex more often but she doesn’t want to.”
- 
- I wonder if I did anything to cause the baby to die. Did I drink too much, have negative thoughts, or \_\_\_\_\_?
- 
- I find myself wishing we could be normal again – will that ever be?
- 
- Resentment: “It’s not always logical but I sometimes resent my partner since we lost the baby. She gets all the attention.”
- 
- Withdrawal: “My partner seems to have withdrawn love from me and dwells on the fact

- that our baby died.”
- Dependency: “My partner seems to need more than I can give right now in terms of both
- attention and affection.”
- 
- Distance or communication problem: “My partner and I seem more distant since we lost the
- baby. We don’t talk about important issues, we don’t seem to have much in common
- anymore.”
- 
- I’m concerned whether or not we should become pregnant again. What will happen to us if
- we lose another baby?
- 
- Attention: My attention needs are greater than they used to be. I feel like I have to compete
- with \_\_\_\_\_ for attention.
- 
- I didn’t think we were ready to have a baby. I worry that my thought caused the death.
- 
- 
- We can’t agree on when to get pregnant again – it’s starting to cause a conflict.
- 
- I’m experiencing unpleasant physical symptoms such as inability to sleep, increased or
- decreased appetite, fast heartbeat, butterflies in my stomach, always nervous,
- \_\_\_\_\_.
- 
- I’m not able to concentrate on anything. I’m very forgetful. Is that normal?
- 
- 
- My dreams frighten me – they’re so real. I dream about\_\_\_\_\_.
- 
- 
- My partner and I seem to talk and talk, but never get anything resolved.
- 
- 
- My partner seems to talk to \_\_\_\_\_ more than she does to me – why can’t she
- share her feelings with me?
- 
- I hate coming home from work and finding her depressed again. Can’t we be happy once in
- a while?
- 
- Our friend (sister, brother, etc) had a healthy baby at the same time our baby was due. How
- can I stand watching that child grow up?
-



- 
- I've been sick a lot since the baby died. Does that have anything to do with grief?
- 
- I find that I want to talk and talk about the loss – more than anything else, I need someone to
- listen to me.
- 
- Finances: I am worried about how we are going to make out financially – there are so many
- bills to pay.
- 
- I feel like such a failure. Other men have healthy babies – why couldn't I?
-

### Developmental Stages

The chart that follows tries to capture some of the most common grief responses of children in different age categories. But remember, an individual child should not be stuffed into a textbook category. We must let each child teach us what grief is like for him or her.

| Age                                                                                                                                                                          | Typical Grief Response                                                                                                                                                                                                                                                                      | Ways to help                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Infants and Toddlers</b><br><b>(Baby – age 2 years)</b><br>Loss may be understood as an absence, particularly of a primary caregiver.                                     | “I’m upset” behaviors (e.g. crying more, thumb sucking, biting.)<br>Changes in normal patterns. May sleep and eat more or less, be fussier.                                                                                                                                                 | Offer physical comfort.<br>Accept the changes while still trying to adhere to some kind of routine. Infants and toddlers are typically comforted by the structure of routines.                                                                                                                                                                        |
| <b>Preschoolers</b><br><b>(Ages 3-6)</b><br>Death may be thought of as temporary and/or reversible.                                                                          | May not understand their new scary feelings and may not be able to verbalize what is happening inside them.<br>May ask questions about the death over and over again. During play may reenact the death.<br>May regress: cling to parents, suck thumb, lose potty training, baby talk, etc. | Provide them with terms for some of their feelings: grief, sadness, numb.<br>Answer concretely and lovingly. Be honest. Don’t tell half-truths. Death play is fine and helps children integrate the reality of the death. You may want to join in and offer guidance.<br>Short-term regressive behaviors are normal. Offer your presence and support. |
| <b>Grade School</b><br><b>(Age 6-11)</b><br>A clearer understanding of death develops. Older children in this age group may have and “adult” understanding of what death is. | Children in this age group continue to express their grief primarily through play.<br>May “hang back” socially and scholastically.<br>May act out because they don’t know how else to handle their grief feelings.                                                                          | Use “older kid” play therapy techniques, especially for 10-12 years olds.<br>Children need permission to concentrate on mourning before they can be expected to forge ahead with the rest of their lives. Give them time.<br>Offer constructive “venting” alternatives. Support groups can be helpful.                                                |
| <b>Adolescents</b><br><b>(Age 12 and up)</b><br>Understand death cognitively                                                                                                 | May protest the loss by acting out and or withdrawing.                                                                                                                                                                                                                                      | Acting-out behaviors should be tolerated if the teen or others is not being harmed.                                                                                                                                                                                                                                                                   |

but are only beginning to grapple with it spiritually.

May feel life has been unfair to them, act angry

May act out a search for meaning. May test his own mortality.

Withdrawal is normal in the short term (long-term withdrawal is a sign the teen needs extra help.)

A teen's normal egocentrism can cause him to focus excessively on the effect the death has had on him and his future. After he has had time to explore this issue, encourage him to consider the death's impact on the larger social group: family, friends, etc.

Teens begin to really explore the "why" questions about life and death. Encourage this search for meaning unless it may harm the teen or others.

#### Children - Disadvantaged Grievers

Immature in their thinking abilities (i.e. don't understand what death means or its implications).

Lack of experience with death.

Don't have the words to describe their thoughts and feelings.

They take things literally (i.e. "lost; he died because he was "good").

They have little control over their lives.

May not have the developmental resources that life will go on and the pain will subside.

Don't have capacity to tolerate pain intensely over time (grieve intermittently).

Need reassurance that their physical and emotional needs are met.

Play is a natural means of communication for a child (play is a child's work).

#### Normal Thoughts of Siblings

"Did I cause the death?"

"Will the rest of my family die, too?"

"Will I die, too?"

"I feel guilty to be happy or to laugh."

"Who will take care of me now?"

"Why wasn't it me?"

"If God took her because she was good, will he take me, too?"

"I've been good."

#### Helpful Suggestions for Parents Concerning Surviving Siblings

Talk about the baby who died.

Reassure them that they did not cause the death.

Let them know they are loved and wanted.

Tell them why you're crying or having a "bad day."

Answer their questions directly; give details when they ask.

Contact their teachers or school counselors.

Give physical reassurance through touching, holding, hugging.

#### How to talk with a child about death

Encourage the child to talk openly about feelings.

Allow expressions of feelings.

Support expression of emotions appropriate to grief and death.

Help children deal with their feelings and emotions.

#### Telling a child about a loss

First thing is to communicate through touch:

- Arm around child

- Sit close to child

- Hold on lap

- Hold hands

Talk about things the child has experienced or noticed already

- Pregnancy

- Father and/or mother crying, worried, sad

- Mother in hospital

Encourage/allow child to ask questions.

Include adult reality.

Tell child what to expect.

Strengthen positive memories

Acknowledge and share your feelings.

Explain death in an understandable manner (simply and honestly).

When appropriate, let the child make the decision to attend/not attend the funeral.

#### Children with unmet needs might:

- Regress.

- Develop somatic symptoms.

- Fear impending death.

- Express anxiety in their behavior.

#### Visible reactions of children

- Positive and negative behaviors can increase

- Anxiety attacks

- Bed wetting

- Nightmares

Upsurge of aggressiveness

Stuttering

Running away

Death phobias

Separation anxiety

Sudden out burst of fear and hatred of the mother

Suicide attempts

More loving, concerned, cuddly

More attentive to parents'/siblings' needs

Fearful, angry. Withdrawn

Children - Wakes and Funerals

### ***When is a child old enough to attend***

When he/she asks to go or shows some interest in attending.

When the child is old enough to attend the service and understands, in part, what is taking place.

When the wake or funeral will be helpful to the child in coping with the death.

Attempting to protect the child from the sadness of a funeral may cause the child to feel excluded. A child's imagination can be worse than the reality of attending a wake or funeral.

### ***Discuss with the child why we have wakes and funerals***

A time to celebrate and remember the life of the person who has died.

A time to be together with family to gain support from and be helpful to each other.

Although the child may not completely understand the ceremony, he/she will likely be affected by the sense of comfort, peace, and feeling that life goes on.

If the person who has died is a close family member (a parent, sibling or grandparent) allow the child to take part in the planning of the wake or funeral. Some examples include selecting the music, picking out the flowers, drawing a picture or writing a letter to the deceased to be placed in the coffin.

### ***Adequate preparation is necessary.***

Describe or visit the funeral home or place of worship before the service.

Review what is likely to take place.

Talk about the people they will see, some will be sad or angry and some may be crying. Children look to adults for clues to how they should respond. With adequate explanation and discussion children will begin to recognize normal responses to death and feel more open to express their feelings

Let the child know it is all right if they cry. It is also OK not to feel like crying.

If there is an open coffin prepare him/her for this in a manner appropriate for their age.

Prepare them for sights, sounds and smells.

Make sure someone who can be sensitive, support and not overwhelmed with their grief is in charge of young children.

Encourage the child to ask questions prior to, during and after the wake or funeral. Provide him/her with an opportunity for a meaningful discussion.

A child who is frightened about attending a funeral should not be forced to go or made to feel guilty for not attending. If the child does not attend, some observance or ritual is recommended. Saying a prayer, lighting a candle, planting a tree or flowers, visiting the funeral home or graveside separately, or holding a special service that the child helped to plan are just a few examples of rituals that could be done.

The child's reasons for choosing to not attend the wake or funeral should be explored so that any fears, misconceptions or questions can be addressed.

## Grandparents and Grief

Grandparents of the expected baby experience a very unique set of circumstances. Not only do they feel a sense of loss and grief for the baby who was anticipated, grandparents also feel a deep sense of pain for their own children who are now grieving the loss of their child. Grandparents express that they hurt twice – both for their children and for the grandchild that they lost.

### **Understanding Grandparents' Grief**

The instinct to protect your child from pain continues even as your child is an adult.

Expectations and plans that were made for the anticipated grandchild will be unmet.

Grandparent's feelings may go unnoticed as attention is directed toward the parents.

Past losses experienced by the grandparents may be “triggered” by this situation.

Miles may separate families and needs of the grieving parents may be hard for the grandparents to understand.

### **Role of Grandparents**

Avoid the instinct to “take charge” and make decisions for your child.

Provide guidance about seeing and holding the baby.

Allow the parents of the baby to make funeral arrangements as a gift to their child.

Respect the parents' decisions about when the time is right to put away the baby's things.

Be available to assist and support the parents.

Respect that parents' need for privacy and time alone.

Keep the baby's memory alive by including him/her in the conversations and discussions about the grandchildren.

## Friends Can Be Good Medicine

Many researchers have found that people who have the help of close friends or relatives are better able to cope with a major life stress than people who don't have this help. The individuals who receive the help that they need are healthier than the others – both physically and mentally.

Some scientists believe that this "better health" is related to the stress response of the body. When a person is under stress, chemical changes occur in the body, which can be unhealthy – the blood pressure rises and other things happen that can interfere with the normal body processes. A person who has plenty of support from friends or relatives may not have this support – so the unhealthy changes in his or her body will not be as strong as in the person who does not have adequate support. Whatever the reason – **FRIENDS CAN BE GOOD MEDICINE!**

The death of a baby is a very stressful event. You may feel that the loss of a baby is greater than any other loss a person might have. Your friends can be good medicine for helping you cope with the stress from this loss. Unfortunately, you may find that your friend and relatives will have difficulty talking with you about your baby. Many people have found that their friends and relatives act as if the baby did not exist. Friends may not mention your baby because they don't want to hurt you or they may feel uncomfortable talking about the death. If you want to talk about your baby and how you feel, you may have to let your friends or relatives know when you want to talk and that you think that they can help you by talking with you.

You may have someone close enough to talk with about your private feelings, someone who can act as you confidant. Some other people that you might consider are your minister, counselor at school or work, or your RTS support person. Some parents have found that calling a friend who has also lost a baby can be helpful.

Some parents have joined support groups of people who have had similar losses – they make new friends in the group and learn from their experience. Some people find that they feel better after an evening out doing something fun with friends. Some people have found that their husband or wife is their best friend, and by talking through their loss, have become closer than ever. You may want to try any or all of these things to help you with your loss, and remember – when you talk with your friends, you are giving yourself good medicine.

### How Friends Can Help

The following suggestions are offered to friends of grieving parents. The support and presence of sensitive friends during this difficult time will be invaluable and can provide positive memories to the parents as they look back on their loss.

### ***Be Sensitive to Individual Differences***

The grief experienced by parents following a pregnancy loss, stillbirth or newborn death is very personal and unique to each person. Some people may grieve deeply, others may appear to move on much quicker. Most individuals go through various phases of emotions that may be hard for friend to understand.

It may help you to know that most expectant parents develop a strong attachment to their baby very early during pregnancy or even before conception. With pregnancy loss and newborn death parents grieve for the child of their hopes and dreams. Allow parents to express their thoughts and feeling – even if they seem rather unusual.



### ***What to Say***

Often times well-meaning friends avoid the subject of a pregnancy loss, stillbirth or newborn death because they don't want to remind the parents of a sad event. Generally parents want and need to talk about the baby and the grief they are experiencing. A gentle statement such as "I just don't know what to say." Opens the door for parents to share their feelings if they so choose.

### ***Do Say...***

I'm sorry this has happened.

What can I do for you?

This must be hard for you.

Tell me about \_\_\_\_\_(name of the baby).

### ***Don't Say...***

You can have another baby.

You have an angel in heaven.

This happened for the best.

Better that it happen now, before you get to know the baby.

There must have been something wrong with the baby.

Don't cry. Don't be sad.

### ***Other Helpful Suggestions***

Call the baby by name. Never refer to the baby as "it" or as a "fetus." Offer to drive the parent(s) home, to the hospital, and the funeral.

Let parents make decisions about funeral arrangements, the baby's room or belongings. Attend the funeral or memorial service.

Be sensitive to the fact that it may be hard for grieving parents to be around babies for a while.

Give the parents something in memory of the baby such as a poem, charitable contribution, keepsake, or art work.

Recognize and acknowledge the effect that the loss may have on siblings.

Assist with daily living needs such as meal preparation, laundry, shopping, house cleaning, and childcare.

Be patient – grief is not something that parents "get over."

It may take 24 months or more before parents feel normal again. This event will most likely change the parents forever as they develop a "new sense of normal" for themselves.